

<i>SERFF Tracking Number:</i>	<i>UTAC-126462048</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great American Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44637</i>
<i>Company Tracking Number:</i>	<i>GALIC MS 2010</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
	<i>Standard Plans</i>		
<i>Product Name:</i>	<i>GALIC MS 2010</i>		
<i>Project Name/Number:</i>	<i>GALIC MS 2010/GALIC MS 2010</i>		

## Filing at a Glance

Company: Great American Life Insurance Company

Product Name: GALIC MS 2010	SERFF Tr Num: UTAC-126462048	State: Arkansas
TOI: MS051 Individual Medicare Supplement - Standard Plans	SERFF Status: Closed-Approved-Closed	State Tr Num: 44637
Sub-TOI: MS051.001 Plan A	Co Tr Num: GALIC MS 2010	State Status: Approved-Closed
Filing Type: Rate	Author: Trevor Walsh	Reviewer(s): Stephanie Fowler
	Date Submitted: 01/20/2010	Disposition Date: 02/02/2010
		Disposition Status: Approved-Closed
Implementation Date Requested: 03/21/2010		Implementation Date: 03/21/2010
State Filing Description:		

## General Information

Project Name: GALIC MS 2010	Status of Filing in Domicile: Pending
Project Number: GALIC MS 2010	Date Approved in Domicile: 01/02/2009
Requested Filing Mode: Review & Approval	Domicile Status Comments: 2010 rate filing is currently pending in Ohio; last rate approval was on 1/2/2009.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact: 12%	Group Market Type:
Filing Status Changed: 02/02/2010	Explanation for Other Group Market Type:
	State Status Changed: 02/02/2010
Deemer Date:	Created By: Trevor Walsh
Submitted By: Trevor Walsh	Corresponding Filing Tracking Number:
Filing Description:	
Enclosed for your review and approval, please find copies of an Actuarial Memorandum and rate sheets in support of a proposed rate increase of 12.0% on the above referenced product. The rate increase will be effective upon the State Insurance Department approval and in accordance with state policyholder notification requirements.	

This filing applies to all new and in-force policies in this state with the above referenced form number.

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Enclosed are any necessary certifications, transmittals and/or filing fees as may be required by your state.  
 If you have any questions or comments regarding this filing, please feel free to contact me at (800) 880-8824 extension 4872 or at twalsh3@gafri.com. Our fax number is 512-451-1399.

Sincerely,  
 Trevor Walsh  
 Actuarial Assistant  
 Enclosures

## Company and Contact

### Filing Contact Information

Trevor Walsh, Actuarial Analyst  
 11200 Lakeline Boulevard #100  
 Austin, TX 78717  
 Twalsh@gafri.com  
 512-807-4872 [Phone]

### Filing Company Information

Great American Life Insurance Company  
 11200 Lakeline Blvd., Suite 100  
 P.O. Box 559002  
 Austin, TX 78755-9002  
 (800) 880-8824 ext. [Phone]  
 CoCode: 63312  
 Group Code: 84  
 Group Name:  
 FEIN Number: 13-1935920  
 State of Domicile: Ohio  
 Company Type: Insurance  
 Company  
 State ID Number:

## Filing Fees

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Life Insurance Company	\$300.00	01/20/2010	33661424

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	02/02/2010	02/02/2010

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## Disposition

Disposition Date: 02/02/2010

Implementation Date: 03/21/2010

Status: Approved-Closed

Comment: The requested rate increase has been approved to be implemented on or after 03/21/2010. This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period
- Both the insured and agent shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Great American Life Insurance Company	12.000%	12.000%	\$0	0	\$0	12.000%	12.000%

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Health - Actuarial Justification	Approved	No
<b>Rate</b>	Rate Charts	Approved	Yes

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## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	SERFF
<b>Rate Change Type:</b>	Increase
<b>Overall Percentage of Last Rate Revision:</b>	9.000%
<b>Effective Date of Last Rate Revision:</b>	03/21/2009
<b>Filing Method of Last Filing:</b>	SERFF

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Great American Life Insurance Company	12.000%	12.000%	\$0	0	\$0	12.000%	12.000%

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## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved 02/02/2010	Rate Charts	1MSPA0001, 1MSPB0001, 1MSPG0001, 1MSPD0001, 1MSPF0001, 1MSPC0001	Revised	Previous State Filing Number: Percent Rate Change Request: 41112 12.000	Exhibit 4 - Current & Proposed Rates - 12%.pdf

Great American Life Insurance Company

**Rate Chart**

Forms 1MSPA0001, et al  
 Medicare Supplement Plans A-G  
 Community Rated Annual Rates  
 Arkansas Rates Effective 3/21/2009

Plan	CURRENT		PROPOSED	
	Non-Smoker	Smoker	Non-Smoker	Smoker
A	1,940.63	2,328.75	2,173.50	2,608.20

Plan	CURRENT		PROPOSED	
	Non-Smoker	Smoker	Non-Smoker	Smoker
B	2,277.54	2,733.05	2,550.85	3,061.02

Plan	CURRENT		PROPOSED	
	Non-Smoker	Smoker	Non-Smoker	Smoker
C	2,708.79	3,250.55	3,033.85	3,640.62

Plan	CURRENT		PROPOSED	
	Non-Smoker	Smoker	Non-Smoker	Smoker
D	2,291.02	2,749.22	2,565.94	3,079.13

Plan	CURRENT		PROPOSED	
	Non-Smoker	Smoker	Non-Smoker	Smoker
F	2,722.27	3,266.72	3,048.94	3,658.73

Plan	CURRENT		PROPOSED	
	Non-Smoker	Smoker	Non-Smoker	Smoker
G	2,304.50	2,765.40	2,581.04	3,097.24

Area Factors:    1    0.790    716, 717, 724-726, 728-729  
                          2    0.830    719-721, 727  
                          3    0.925    718, 722-723

Modal Factors:            0.5200    Semi-Annual  
                                  0.2650    Quarter  
                                  0.0850    Month